



# ROSEBUD SIOUX TRIBE HEAD START

BIA Rt. 1, Soldier Creek Rd.  
P.O. Box 836, Rosebud, SD 57570  
(605) 747-2391 • Fax (605) 747-2590

Office of Administrative Assistant - [rstheadstartassistant@hotmail.com](mailto:rstheadstartassistant@hotmail.com)



Greetings Applicant!

Thank you for your interest in employment with the Rosebud Sioux Tribe Head Start Program. **The following requirements must be followed before your application will be accepted and any applicant will be considered for an interview:**

- ☐ The required Head Start application must be completed;
- ☐ Each applicant must possess a high school diploma or GED equivalent - **COPIES MUST BE ATTACHED;**
- ☐ Each applicant must have a valid South Dakota driver's license at the time application is submitted - **A COPY MUST BE ATTACHED;**
- ☐ You must attach a second form of ID ( Tribal ID or Social Security Card) - **A COPY MUST BE ATTACHED;**
- ☐ Each applicant must complete the attached SF85P Form "Questionnaire for Public Trust Positions" application;
- ☐ Applicant CANNOT have any felony convictions within the last seven (7) years;
- ☐ Applicant CANNOT have any past or current charges of Child Abuse and/or Neglect.
- ☐ Applicant MUST meet minimum requirements of vacancy;
- ☐ Applicants applying for any Teacher, Teacher Aide and BD/Teacher Aide vacancies must also complete the *Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION* form as well as *Certificate of Medical Examination*. **These form(s) must be complete and submitted with application or it will not be considered a complete application.**

If these requirements are not met and/or you have any of the above charges against you then you are not be eligible to be employed by the Rosebud Sioux Tribe Head Start Program.

If you should have any further questions feel free to contact me at any time.

Thank You,

/s/ Kira Vanderwalker  
Administrative Assistant

**Effective immediately, all Head Start applications are required to be turned into the RST Personnel Office.**

PLEASE READ BELOW...

**\*DO NOT TURN IN APPLICATION IF YOU ARE INELIGIBLE OR IF COPIES ARE NOT ATTACHED AS IT WILL NOT BE PROCESSED\***

**REMOVE THIS PAGE BEFORE SUBMITTING TO PERSONNEL**

# RST HEAD START PROGRAM

P.O. Box 836 | Rosebud SD 57570 | (605) 747-2391

## Employment Application



### APPLICANT INFORMATION (COMPLETE ALL SECTIONS)

Last Name			First			M.I.	Date		
PO Box						House #			
City				State			ZIP		
Phone				Date of Birth:					
Date Available				Social Security No.					
Position (s) Applied for	First Choice:				Second Choice:				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Do you have an injury and/or any type of illness that would affect your employment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain below:									
List any illnesses and/or injuries:									
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where:									
If currently employed may we contact your present employer? N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>									
Do you have your own transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a current or former Head Start Parent?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid SD driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If NO, you are ineligible for employment. (except cook)</b> <b>*****DO NOT TURN IN APPLICATION. *****</b>						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, you <b>may be</b> ineligible for employment; <b>explain on SF 85P</b>						

### EDUCATION - (ATTACH COPIES OF DIPLOMAS, TRANSCRIPTS AND/OR DEGREES)

High School			City/State						
From	To	Did you graduate or obtain GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If NO, you are ineligible for employment.</b> <b>*****DO NOT TURN IN APPLICATION. *****</b>				
College			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

### PEOPLE WHO KNOW YOU WELL

List same references that will be listed on the attached SF85P form.

Full Name			Dates Known	From		To		
PO Box			Phone	( )				
City & State								
Full Name			Dates Known	From		To		
PO Box			Phone	( )				
City & State								
Full Name			Dates Known	From		To		
PO Box			Phone	( )				
City & State								



**PREVIOUS EMPLOYMENT – (SKIP THIS SECTION ONLY IF YOU HAVE ATTACHED A RESUME)**

Program				Phone	(      )		
Address				Supervisor			
Job Title		Starting Salary		\$	Per	Ending Salary	\$ Per
Job duties							
From		To		Reason for Leaving			

**NOTE:** Your previous employer will be contacted to verify the information which you have provided.

Program				Phone	(      )		
Address				Supervisor			
Job Title		Starting Salary		\$	Per	Ending Salary	\$ Per
Job duties							
From		To		Reason for Leaving			

**NOTE:** Your previous employer will be contacted to verify the information which you have provided.

Program				Phone	(      )		
Address				Supervisor			
Job Title		Starting Salary		\$	Per	Ending Salary	\$ Per
Job duties							
From		To		Reason for Leaving			

**NOTE:** Your previous employer will be contacted to verify the information which you have provided.

**TRIBAL AFFILIATION    ☐ N/A    (IF CLAIMING RST PREFERENCE ATTACH ABSTRACT)**

Are you enrolled member of the Rosebud Sioux Tribe?    YES ☐    NO ☐    Enrollment #    **OR attach copy of abstract.**

Valid Signature of RST Enrollment Office personnel: **X**    **OR attach copy of abstract.**

Are you enrolled in another Tribe?    YES ☐    NO ☐    *If so list and attach tribal abstract.*

Are you a non-Indian married to a Rosebud Sioux Tribe member?    YES ☐    NO ☐

**OTHER**

*List professional trade, business or civic activities and offices held by year and length of time.*

1.

2.

3.

4.

**SPECIAL SKILLS AND QUALIFICATIONS – ATTACH VERIFICATION AS NEEDED**

Summarize special job-related skills and qualifications acquired from employment or other experiences.

1.

2.

3.

4.

**MILITARY SERVICE** ☐ N/AHave you ever served in the United States military? YES ☐ NO ☐

If so, From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

List branch and dates for all active duty military service:

**DISCLAIMER AND SIGNATURE – PLEASE READ BEFORE YOU SIGN!**

It is my understanding that the **Rosebud Sioux Tribe Head Start Program** will make a thorough investigation of my entire work history and will verify all information given in my application for employment, related attachments, or oral interviews. I authorize such investigation and the given and receipt of any information requested by the **Rosebud Sioux Tribe Head Start Program** and I release from liability any person giving or receiving any such information. I understand that falsification of information so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, will subject me to immediate dismissal.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I certify that, to the best of my knowledge and belief, all my statements are true, correct, and complete and made in good faith.

**I understand that any and all copies of attachments submitted with my application WILL NOT be returned.**

Signature

X

Date

\*A letter will be sent to you notifying you of the outcome of your interview\*

**\*\*IMPORTANT NOTICE\*\***

*If you are interviewed but not selected for employment by the RST Head Start Program; your application will be kept on file in the event that other applicants who get interviewed and hired decline their positions **or** if current employees resign during the school year.*

**Date Received****Received by****Department/Program****A.D. No. /PO****Head Start use only:****Application Complete:** Yes / No**Missing Info:** DL / Diploma / GED / SF85 / HS App. / ID x 2**Date Received in Office:** \_\_\_\_\_**Date Returned:** \_\_\_\_\_**Comments:****No Show for Interview, list date:**

Check box that corresponds with facility type for this request.

- ☐ Residential Treatment Center  
☐ Independent Living Prep Program  
☐ Group Care Center for Minors  
☐ Child Placement Agency  
☐ Foster Home  
☐ Shelter Care Facility

- ☐ Adoption  
☐ Day Care Center  
☐ Relative Placement  
☒ Head Start Program  
☐ Intensive Residential Tx Ctr.  
☐ Other

- ☐ Family Day Care Home  
☐ Group Family Day Care Home  
☐ Before & After School Center  
☐ License/Registration Application filed  
 Also mark corresponding facility type

### PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) Rosebud Sioux Tribe Head Start Employee I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since birth. My signature authorizes the South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Male: ☐ Female: ☐ Race: \_\_\_\_\_

#### List All Prior Addresses: (Since birth in chronological order with birthplace first)

Street Address	City	County	State	Dates

#### List Full Name (first, last, birth) and Date of Birth of ALL your OWN Children:

(Do not list other people's children for whom you might provide daycare)

Name	Date of Birth	Name	Date of Birth

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

### EMPLOYMENT WITH LICENSED/REGISTERED CHILD WELFARE AGENCY

My signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

#### Agency Name & Phone Number

RST HEAD START PROGRAM

((605) 747-2391

#### Agency Mailing Address

PO BOX 836  
ROSEBUD, SO. DAK. 57570

#### Agency License Number

- ☒ N/A – DSS field office / Head Start  
☐ N/A – license not yet issued



## INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form.
2. From choices listed, mark correct ☐ Box to indicate the appropriate facility/provider type. If an application has been filed, but the license/registration has not yet been issued, mark two boxes – application filed & facility type.
3. List on the first blank line of this form the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. List your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day, and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e. William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, \ or X appropriate Male/Female blank, and list your race.
8. List all addresses from any place you have lived **SINCE BIRTH** on the appropriate lines. All information is important, but if you are not able to remember the complete address for a previous living location, **you must always include the City and State**. Always include the **Beginning and Ending Dates** for each address location.
9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, foster children).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a license but has not yet received it's beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

**Failure to list all information or complete all questions will delay the screening process.**

(605) 747-2391 ~ Fax (605) 747-2590



## Page 1 of 2

*By signing my name to this form I authorize the **Rosebud Sioux Tribal Court Services** and any of their representatives to release to the **Rosebud Sioux Tribe Head Start Program** any information that may be contained in their records. This information will then be used to determine my suitability for employment or volunteering with the program.*

Date \_\_\_\_\_



# Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions, call the office that gave you the form.*

## Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

## Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

## The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

## Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

## Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

## Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

## Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

## PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

## STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

## PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR  
PUBLIC TRUST POSITIONS

OPM USE ONLY	Codes	Case Number
--------------------	-------	-------------

Agency Use Only (Complete items A through P using instructions provided by USOPM)

<b>A</b> Type of Investigation	<b>B</b> Extra Coverage	<b>C</b> Sensitivity/Risk Level	<b>D</b> Compu/ADP	<b>E</b> Nature of Action Code	<b>F</b> Date of Action	Month	Day	Year
<b>G</b> Geographic Location	<b>H</b> Position Code	<b>I</b> Position Title						
<b>J</b> SON	<b>K</b> Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
<b>L</b> SOI	<b>M</b> Location of Security Folder	None At SOI NPI	Other Address					ZIP Code
<b>N</b> OPAC-ALC Number	<b>O</b> Accounting Data and/or Agency Case Number							
<b>P</b> Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

<b>1</b> FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". Last Name	First Name	Middle Name	Jr., II, etc.	<b>2</b> DATE OF BIRTH Month	Day	Year
---	------------	-------------	---------------	---------------------------------	-----	------

<b>3</b> PLACE OF BIRTH - Use the two letter code for the State. City	County	State	Country (if not in the United States)	<b>4</b> SOCIAL SECURITY NUMBER
--	--------	-------	---------------------------------------	---------------------------------

<b>5</b> OTHER NAMES USED					
<b>#1</b> Name	Month/Year	Month/Year	<b>#3</b> Name	Month/Year	Month/Year
To		To			
<b>#2</b> Name	Month/Year	Month/Year	<b>#4</b> Name	Month/Year	Month/Year
To		To			

<b>6</b> OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
--	--------------------------	-----------------	------------	-----------	---

<b>7</b> TELEPHONE NUMBERS	Work (include Area Code and extension) Day Night ( )	Home (include Area Code) Day Night ( )
----------------------------	--	--

<b>8</b> CITIZENSHIP <b>a</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d. <input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.	<b>b</b> Your Mother's Maiden Name
--	---	------------------------------------

**c** UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
--	----------------	-------------

U.S. Passport

This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued
--	-----------------	-----------------------

<b>d</b> DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
---	---------

**e** ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
--------------------------------------	------	-------	---	---------------------------	-----------------------------



## 9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year <b>#1</b>	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ( )				
Month/Year <b>#2</b>	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ( )				
Month/Year <b>#3</b>	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ( )				
Month/Year <b>#4</b>	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ( )				
Month/Year <b>#5</b>	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ( )				

## 10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year <b>#1</b>	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
		ZIP Code	Telephone Number ( )		
Month/Year <b>#2</b>	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
		ZIP Code	Telephone Number ( )		
Month/Year <b>#3</b>	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
		ZIP Code	Telephone Number ( )		

Enter your Social Security Number before going to the next page →

**11 YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year #1	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						

Enter your Social Security Number before going to the next page →

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

<b>#4</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number (    )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number (    )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number (    )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #4)</b>	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
Month/Year	Month/Year		Position Title	Supervisor			
To							
<b>#5</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number (    )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number (    )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number (    )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #5)</b>	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
Month/Year	Month/Year		Position Title	Supervisor			
To							
<b>#6</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number (    )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number (    )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number (    )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #6)</b>	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
Month/Year	Month/Year		Position Title	Supervisor			
To							

<b>12</b>	<b>YOUR EMPLOYMENT RECORD</b>	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

Use the following codes and explain the reason your employment was ended:

- |  |  |  |
|--|--|--|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance |  |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →



## 13

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name <b>#1</b>		Dates Known Month/Year    Month/Year To		Telephone Number Day Night (    )	
Home or Work Address				City (Country)	State    ZIP Code
Name <b>#2</b>		Dates Known Month/Year    Month/Year To		Telephone Number Day Night (    )	
Home or Work Address				City (Country)	State    ZIP Code
Name <b>#3</b>		Dates Known Month/Year    Month/Year To		Telephone Number Day Night (    )	
Home or Work Address				City (Country)	State    ZIP Code

## 14

Mark one of the following boxes to show your current marital status:

<input type="checkbox"/>	1 - Never married ( <i>go to question 15</i> )	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input type="checkbox"/>	2 - Married	<input type="checkbox"/>	4 - Legally Separated	<input type="checkbox"/>	6 - Widowed

**Current Spouse** Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

## 15

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- |                              |                |                                   |               |
|------------------------------|----------------|-----------------------------------|---------------|
| 1 - Mother ( <i>first</i> )  | 3 - Stepmother | 5 - Foster Parent                 | 7 - Stepchild |
| 2 - Father ( <i>second</i> ) | 4 - Stepfather | 6 - Child ( <i>adopted also</i> ) |               |

[illegible]

**Enter your Social Security Number before going to the next page—**

<b>16 YOUR MILITARY HISTORY</b>	Yes	No
<b>a</b> Have you served in the United States military?		
<b>b</b> Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force    2 - Army    3 - Navy    4 - Marine Corps    5 - Coast Guard    6 - Merchant Marine    7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	Status				Country
				O	E	Active	Active Reserve	
To								
To								

<b>17 YOUR SELECTIVE SERVICE RECORD</b>	Yes	No
<b>a</b> Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
<b>b</b> Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number      Legal Exemption Explanation

<b>18 YOUR INVESTIGATIONS RECORD</b>	Yes	No
<b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency

1 - Defense Department      4 - FBI  
 2 - State Department      5 - Treasury Department  
 3 - Office of Personnel Management      6 - Other (Specify)

Codes for Security Clearance Received

0 - Not Required      3 - Top Secret      6 - L  
 1 - Confidential      4 - Sensitive Compartmented Information      7 - Other  
 2 - Secret      5 - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

**b** To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

<b>19 FOREIGN COUNTRIES YOU HAVE VISITED</b>	Yes	No
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)		

•Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

<b>20 YOUR POLICE RECORD</b> (Do not include anything that happened before your 16th birthday.)					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code	

<b>21 ILLEGAL DRUGS</b>				Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.					
<b>a</b> In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?					
<b>b</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?					
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.					
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used		
To					
To					
To					

<b>22 YOUR FINANCIAL RECORD</b>					Yes	No
<b>a</b> In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.						
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	
<b>b</b> Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.						
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor			State	ZIP Code

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

### Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date

Enter your Social Security Number before going to the next page →



## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature <i>(Sign in ink)</i>	Full Name <i>(Type or Print Legibly)</i>		Date Signed
Other Names Used			Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code	Home Telephone Number <i>(Include Area Code)</i>  (       )

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

---

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code) (       )

**OFFICE OF THE ATTORNEY GENERAL  
ROSEBUD SIOUX TRIBE**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Attorney General's Office Background Investigation Program, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for the official use by the Rosebud Sioux Tribe Attorney General's Office Background Investigation Program and only for the purpose of determining my suitability for employment with

\_\_\_\_\_  
(Name of Rosebud Sioux Tribal Program)

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the dated signed or upon the termination of my affiliation with \_\_\_\_\_ whichever is sooner.

\_\_\_\_\_  
(Name of Rosebud Sioux Tribal Program)

Signature (sign in black ink)		Printed Name		Date Signed
Other Names Used			Social Security Number	
Position for which your are being investigated:			Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number	

Applicant Screening Questionnaire  
Indian Children Protection Requirements

Name:	Social Security Number:
Job Title:	Employer Name:

**Notification Requirements**

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

☐ Yes     If "yes," provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.]

☐ No

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?

☐ Yes     [If "yes," provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.]

☐ No

I certify that my response to the above questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Office of Indian Education Programs and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## WAIVER OF CONFIDENTIALITY

I, \_\_\_\_\_, having been duly informed by the Background Investigation Office of the Rosebud Sioux Tribe that a background investigation is a prerequisite for permanent hiring, and hereby release from liability any person or agency, including but not limited to, former employers and supervisors who provide information concerning my prior employment to the Rosebud Sioux Tribe Background Investigation Program. I understand that I may have certain rights of confidentiality concerning records that are kept by former employers and agencies. I hereby waive my right of confidentiality in those records for the Rosebud Tribe's Background Investigators investigations. I also expressly release from liability any individual or agency who provides information to the Rosebud Sioux Tribe Background Investigators with regard to their inquiries concerning my background investigation and prior employment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
Date



# Declaration Form for Prospective Employees in Head Start Programs

Name of Employee:	
-------------------	--

## SECTION 1

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

	<ul style="list-style-type: none"> <li>All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;</li> <li>Convictions related to other forms of child abuse and neglect; and</li> <li>All convictions of violent felonies.</li> </ul>
--	---

The declarations may exclude:

	<ul style="list-style-type: none"> <li>Traffic fines of \$200.00 or less;</li> <li>Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;</li> <li>Any conviction the record of which has been expunged under Federal or State law; and</li> <li>Any conviction set aside under the Federal Youth Corrections Act or similar State authority.</li> </ul>
--	--

**Note:** Individuals who declare, though this form, that they have been arrested, charged with or convicted of any of the offenses listed above are NOT automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

**Please provide your signature on the appropriate category below:**

I **have NOT been** arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:

Signature	Date
-----------	------

**OR**

I **have been** arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:

If you have been arrested, charged and/or convicted on one or more of the three types of offenses listed in SECTION 1 above, please attach information listing the offense(s); the date(s) of the arrest, charge, and/or conviction; the law enforcement agency involved; the outcome of the court proceedings and other relevant information.

Signature	Date
-----------	------



## ROSEBUD SIOUX TRIBE HEAD START PROGRAM CERTIFICATE OF MEDICAL EXAMINATION

In conjunction with:  
Medical Examination Report  
FOR COMMERCIAL DRIVER FITNESS DETERMINATION



Applicants for Teacher, Bus Driver/TA and Teacher Aide MUST also complete CDFD exam Report.

### PART A. TO BE COMPLETED BY EMPLOYEE/APPLICANT (type or print in ink) COMPLETE SECTION ON BACK PAGE WHERE SPECIFIED IN RED.

1. NAME (last, first, middle)	2. DATE OF BIRTH
3. Do you have any medical disorder or physical impairment that would prevent you from performing the functional requirements and/or being exposed to environmental factors listed below? [ ] Yes [ ] No (If your answer is YES, explain fully to physician performing the examination)	
4. I certify that all the information given by me in connection with this examination is correct and true to the best of my knowledge and belief,  _____ Signature of applicant/employee Date	
5. Purpose of Examination: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Newly hired <input type="checkbox"/> Yearly Exam	6. Position Title: (check one) <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Bus Driver/Teacher Aide <input type="checkbox"/> Cook <input type="checkbox"/> Early Intervention Advocate <input type="checkbox"/> Student Behavior Assistant <input type="checkbox"/> Administration <input checked="" type="checkbox"/> Applicant for Teacher, Bus Driver/TA, Teacher Aide and Cook or Other

### PART B.

#### ALL FUNCTIONAL REQUIREMENTS AND ENVIRONMENTAL FACTORS LISTED ARE REQUIREMENTS FOR HEAD START PROGRAM CLASSROOM STAFF: Teachers, BD/TA's, TA's, and Cooks

A. FUNCTIONAL REQUIREMENTS	B. ENVIRONMENTAL FACTORS
1. Moderate lifting, 15 - 44 pounds 2. Moderate carrying, 15 - 44 pounds 3. Light carrying, under 15 pounds 4. Use of fingers 5. Both hands required 6. Bending/Standing/Sitting 7. Use of both legs required 8. Operation of Motor Vehicle (bus) (BD/TA's, TA's Teacher's, FA's) 9. Both eyes required 10. New employee must obtain a Commercial Driver's license - #8 11. Cleaning 12. Hearing 13. Others as needed	1. Outside and inside 2. Slippery or uneven walking surfaces 3. Working closely with others- mainly children ages 3-5 4. Excessive noise 5. Constant noise 6. Use of household solvents for cleaning 7. Others as needed

### PART C. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. Examining Physicians Name (type or print)	3. Signature of examining physician and date of exam: (sign only after you have completed entire exam)
2. Facility Name, City, and State	_____ (Signature) (Date)

Name: \_\_\_\_\_

**NOTE TO EXAMINING PHYSICIAN:** *The person you are about to examine will have to cope with the functional requirements and environmental factors on the previous page. Please take these into consideration as you make your examination and report your findings and conclusions.*

**EYES:**

Does patient wear glasses or contact lenses?

☐ Yes

☐ No

Does patient *need* glasses or contact lenses?

☐ Yes

☐ No

**EARS:**

Does patient have normal hearing in each ear?

☐ Yes

☐ No

If NO, please explain. \_\_\_\_\_

**OVERALL FINDINGS OF EXAM:** *(i.e. within normal limits for job performance)*

**THIS INFORMATION IS TO BE COMPLETED BY EMPLOYEE/APPLICANT BEFORE EXAM:**

Have you ever had a TB skin test? *(Needle under skin)*

☐ Yes

☐ No

☐ Don't Know

If yes, when was your last skin test? \_\_\_\_\_

Have you ever had swelling or redness after a TB skin test?

☐ Yes

☐ No

☐ Don't Know

Have you ever tested POSITIVE for Tuberculosis?

☐ Yes

☐ No

☐ Don't Know

If yes, what was the date of exposure? \_\_\_\_\_

Have you ever been treated for Tuberculosis?

☐ Yes

☐ No

☐ Don't Know

If yes, when? \_\_\_\_\_

Have you ever been required to have a chest X-ray?

☐ Yes

☐ No

☐ Don't Know

If yes, when was your last X-ray and what was the result? \_\_\_\_\_

**PHYSICIAN CONCLUSIONS:**

Is Patient free from all communicable diseases? ☐ Yes

☐ No

\_\_\_\_\_**Physicians Initials**

If NO, Please explain/comment: \_\_\_\_\_

**TB Skin Test required?**

☐ Yes

☐ No

\_\_\_\_\_**Physicians Initials**

If yes: Date Given: \_\_\_\_\_/by \_\_\_\_\_ Date Read: \_\_\_\_\_/by \_\_\_\_\_ Results: \_\_\_\_\_

Is Patient physically capable of performing functional requirements and exposure to environmental factors listed in Part B? ☐ Yes ☐ No \_\_\_\_\_**Physicians Initials**

If NO, please explain/comment: \_\_\_\_\_